

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
091693647	
APPLICANT(S)	

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1				51			
2								52			
3		1		1				53			
4		1		1				54			
5		1		1				55			
6			1		1			56			
7			3		3			57			
8			3		3			58			
9			3		3			59			
10			3		3			60			
11			3		2			61			
12			3		3			62			
13			3		3			63			
14			2		2			64			
15			3		3			65			
16			3		3			66			
17			2		2			67			
18			3		2			68			
19			3		3			69			
20		1		1				70			
21			1		1			71			
22			1		1			72			
23		1		1				73			
24		1		1				74			
25			1		1			75			
26			3		3			76			
27			3		2			77			
28			3		2			78			
29			2		2			79			
30			3		2			80			
31			2		2			81			
32			2		2			82			
33			2		2			83			
34			3		2			84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.		6		6				TOTAL IND.			
TOTAL DEP.		69		63				TOTAL DEP.			
TOTAL CLAIMS		75		69				TOTAL CLAIMS			

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